MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	18174
10/2	101/1

FILING DATE

APPLICANT(S)

CLAIMS	CT ATMC

	AS FILED		AFTER		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	7					
2		7				
3		2				
4		2				
5	-	<u> </u>		-/,-		
7				/		
8		100		//		
9		6	*	-//		
10		8				
11				1		
12		\mathcal{G}		/		
13		0				
14						
15						
16 17						
18						
19		:				
20						
21						
22						
23						
24			 			
25 26						
27						
28						
29						
30						
31						
32						
33						
34						
35 36						
37						
38						
39						
40						
41						
42						
43						
44					 -	
46						
47						
48						
49						
50						
TOTAL IND.		♣	/	♣		♣
TOTAL DEP.		4	12	(-		4
TOTAL CLAIMS						· 4

S						
	AS FILED			TER ndment		FER NDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				igsquare	<u> </u>	
52					 	
53			 		} _	ļ
54		 	ļ	ļ	 	
55 56		 	 	 	 	
<u>56</u> 57		 				
58		 	 	 		
59						
60						
61						
62						
63						
64			<u> </u>			ļ
65		 	 		 	
66	 	 	 	 	ļ	ļ
67		 	 	├	 	
68 69		┝─┤		 	 	
70	 	 		\vdash	 	
71		$\vdash \vdash \vdash$	 	\vdash	 	
72					-	
73						
74						
75						
76						
77						
78						
79					 	
80			 	 	 	
81		┝──┤		┝─┤	 	
82 83	 	 			 	
84		 		 		
85		 	l	 	 	
86						
87						
88						
89						
90						
91					<u> </u>	
92		 _	ļ			
93		ļ	 	 	}	
94		 	ļ		 	
95		┞──┤		 	 	
96 97		 	}	 	 	
98		 		 	 	
99		\vdash	 	 		
100					1	
TOTAL					1	
IND.						
TOTAL DEP.		+		+		+
TOTAL CLAIMS		*****		7		